

Follow-up fee of \$50.00 is required after 1st Followup

Retail Food Establishment Inspection Report

City of Rockwall

- First aid kit
- Allergy policy/training
- Vomit clean up
- Employee health

Date: 01/18/2021	Time in: 11:15	Time out: 12:05	License/Permit # FS 8850	Est. Type Conv	Risk Category Low	Page <u>2</u> of <u>2</u>
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Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other							TOTAL/SCORE
Establishment Name: 7 eleven 34011 North			Contact/Owner Name: Patel		* Number of Repeat Violations: _____		7/93/A
Physical Address: North Goliad			Pest control : Rentokil 01/13/2021	Hood Na	Grease trap : Les 11/26/2020 1000 gals	Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W- Watch
 Mark the appropriate points in the OUT box for each numbered item Mark in appropriate box for IN, NO, NA, COS Mark an in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days													
Compliance Status					Compliance Status								
OUT	IN	NO	NA	COS	Time and Temperature for Food Safety (F = degrees Fahrenheit)	R	OUT	IN	NO	NA	COS	Employee Health	R
		<input checked="" type="checkbox"/>			1. Proper cooling time and temperature			<input checked="" type="checkbox"/>				12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
	<input checked="" type="checkbox"/>				2. Proper Cold Holding temperature(41°F/ 45°F) See			<input checked="" type="checkbox"/>				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Screening at arrival	
	<input checked="" type="checkbox"/>				3. Proper Hot Holding temperature(135°F) See		Preventing Contamination by Hands						
		<input checked="" type="checkbox"/>			4. Proper cooking time and temperature			<input checked="" type="checkbox"/>				14. Hands cleaned and properly washed/ Gloves used properly	
		<input checked="" type="checkbox"/>			5. Proper reheating procedure for hot holding (165°F in 2 Hours)				<input checked="" type="checkbox"/>			15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y. N.) Gloves and tongs and tissue	
		<input checked="" type="checkbox"/>			6. Time as a Public Health Control; procedures & records		Highly Susceptible Populations						
					Approved Source					<input checked="" type="checkbox"/>		16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
W					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Out of date cans		Chemicals						
	<input checked="" type="checkbox"/>				8. Food Received at proper temperature To always check					<input checked="" type="checkbox"/>		17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					Protection from Contamination		W	<input checked="" type="checkbox"/>				18. Toxic substances properly identified, stored and used Watch anything over three compartment sink	
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting		Water/ Plumbing						
	<input checked="" type="checkbox"/>				10. Food contact surfaces and Returnables ; Cleaned and Sanitized at <u>200</u> ppm/temperature			<input checked="" type="checkbox"/>				19. Water from approved source; Plumbing installed; proper backflow device City approved	
		<input checked="" type="checkbox"/>			11. Proper disposition of returned, previously served or reconditioned Discarded			<input checked="" type="checkbox"/>				20. Approved Sewage/Wastewater Disposal System, proper disposal	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days													
Compliance Status					Compliance Status								
OUT	IN	NO	NA	COS	Demonstration of Knowledge/ Personnel	R	OUT	IN	NO	NA	COS	Food Temperature Control/ Identification	R
	<input checked="" type="checkbox"/>				21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 1 cfm			<input checked="" type="checkbox"/>				27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
	<input checked="" type="checkbox"/>				22. Food Handler/ no unauthorized persons/ personnel 6		2					28. Proper Date Marking and disposition Use within 24 hrs or date mark ex Kolaches	
					Safe Water, Recordkeeping and Food Package Labeling			<input checked="" type="checkbox"/>				29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital	
	<input checked="" type="checkbox"/>				23. Hot and Cold Water available; adequate pressure, safe See		Permit Requirement, Prerequisite for Operation						
	<input checked="" type="checkbox"/>				24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Ingredients by request			<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current/ insp sign posted) Posted	
					Conformance with Approved Procedures		Utensils, Equipment, and Vending						
			<input checked="" type="checkbox"/>		25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions			<input checked="" type="checkbox"/>				31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped	
					Consumer Advisory		2					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch rusty shelving	
	<input checked="" type="checkbox"/>				26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/ Buffet Plate)/ Allergen Label Labeled and ingredients by request			<input checked="" type="checkbox"/>				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped and set up	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First													
Compliance Status					Compliance Status								
OUT	IN	NO	NA	COS	Prevention of Food Contamination	R	OUT	IN	NO	NA	COS	Food Identification	R
	<input checked="" type="checkbox"/>				34. No Evidence of Insect contamination, rodent/other animals			<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)	
	<input checked="" type="checkbox"/>				35. Personal Cleanliness/eating, drinking or tobacco use		Physical Facilities						
	<input checked="" type="checkbox"/>				36. Wiping Cloths; properly used and stored Using spray bottle		1					42. Non-Food Contact surfaces clean See	
1					37. Environmental contamination See			<input checked="" type="checkbox"/>				43. Adequate ventilation and lighting; designated areas used	
	<input checked="" type="checkbox"/>				38. Approved thawing method Pull			<input checked="" type="checkbox"/>				44. Garbage and Refuse properly disposed; facilities maintained	
					Proper Use of Utensils		1					45. Physical facilities installed, maintained, and clean See	
	<input checked="" type="checkbox"/>				39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used Watch storage			<input checked="" type="checkbox"/>				46. Toilet Facilities; properly constructed, supplied, and clean Equipped	
	<input checked="" type="checkbox"/>				40. Single-service & single-use articles; properly stored and used Watch				<input checked="" type="checkbox"/>			47. Other Violations	

Retail Food Establishment Inspection Report

City of Rockwall

Received by: (signature) Arvind Patel	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: 7 eleven 34011	Physical Address: North Goliad	City/State: Rockwall	License/Permit # Fs 8850	Page 2 of 2
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TEMPERATURE OBSERVATIONS

Item/Location	Temp F	Item/Location	Temp F	Item/Location	Temp F
Wall unit	37/38 /40	Under counter cooler pizza	37	Wing unit	
Ice cream freezer	-22	Hot dog rollers		135/135/137-139	
Wif	-15	147/145/149/157		Under counter freezer	-11
Chili / cheese unit	140	Taquito rollers		Under counter cooler	36
Wic		145/146/147-145		Upright freezer	0
Near door and milk	40/41	New hot sandwiches	139		
Further back into unit	33/34/36				
Cold top Pico	33/37	Under cooler hot dogs	36/37		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
	Hot water 114 F /120 F
	Restrooms equipped
45	Clean floor inside wif
	Allergen posting on pastry unit / self service now - using tissue
	Tongs for hot dogs are w r s hourly
W	Found a couple of canned items out of date - watch dates
45/32	Clean floor and ceiling in wic and address rusty shelving under canned items in back shelf
42	Clean shelving where needed - store shelving
	All sandwiches are precooked and heated to 135 period to hot holding at 135 F
	Using blue gloves to place items on rollers etc
W	Watch floor storage various locations - bottles of wine in. Back room And other items in wic
	Sanitizer for three comp sink 200 ppm
37	Watch floor storage of chemicals in back room that may impede cleaning floor
42/45	Clean under and around three compartment sink etc
	Using digital thermo
	Using quats for all surfaces food and non food contact - covid listing on label
	Allowing to air dry!
45	Clean ceiling air vents where needed
28	Will start date marking Kolaches after opening plastic wrap/ Ingredients on original box
43/45	Clean around mop sink and hand sink and three compartment sink in back room

Received by: (signature) See attached	Print:	Title: Person In Charge/ Owner
Inspected by: (signature) <i>Kelly Kirkpatrick RS</i>	Print:	Samples: Y N # collected

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